

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003475

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

648

FILED JAN 25 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
6 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
a. STATE Missouri b. COUNTY St. Louis c. (mission)

c. CITY
OR
TOWN St. Ann

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Barnes Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
10953 St. Henry Ln.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Anita E. Gadell

4. DATE
OF
DEATH Month Day Year
1 19 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/31/1933

9. AGE (last birthday)

29

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Draftswoman

10b. KIND OF BUSINESS OR INDUSTRY

S.W. Bell Tel.

11. BIRTHPLACE (City and state or country)

Kaskaskia Illinois U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Charles Galeski

13b. MOTHER'S MAIDEN NAME

Edna Carlyle

14. NAME OF HUSBAND OR WIFE

Harry Gadell

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates o

No None

NO.

17. INFORMANT

Address

78 Harry Gadell 10953 St. Henry Ln

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RIGHT HEART FAILURE

INTERVAL BETWEEN
ONSET AND DEATH
48 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

PULMONIC STENOSIS

Congenital

DUE TO (c)

754.7

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Clot in anterior mediastinum

PART III. If deceased was female was
there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year.
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/15/62 to 1/19/63 and last saw her alive on 1/19/63
Death occurred at 1/19/63 11:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

1/21/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1/22/63

23c. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

23d. LOCATION (City, town, or county)

Florissant Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 21 1963

26. REGISTRAR'S SIGNATURE

Dean Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

1

3

4 1

5 1

6

7 1

8 2

9

10

11

12 52-0

13

52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address _____

St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.